



Strategic Plan Update

January

2014

Mission Statement: To provide high-quality, evidence-based and compassionate out-of-hospital medical care.

*Emergency Medical
Services*



A *WORD* FROM MAYOR FISCHER...



Dear citizens:

It's been one year since Louisville Metro Government introduced its Strategic Plan to citizens and we've already made considerable progress toward our five objectives and 21 goals. From planting more trees to creating an even safer city to growing jobs and wages, my team is focused on our common dream for Louisville -- to create a clean, green, safe and inclusive city where people love to live and work. Additionally, each department within LMG has been striving to make similar progress against their own respective Six-Year Strategic Plans. As you review this report, you will see both aggressive goals and innovative initiatives set against achieving game-changing objectives. Our intent, at this level of governance, is to ensure that we are executing a coordinated effort against our collective vision. Our Six-Year Strategic Plans form a roadmap for getting us to this vision -- and you will see that some of our goals have been updated and revised to better reflect the work we've already accomplished -- and the work ahead.

We view our work in Metro Government through three lenses:

- Daily work -- the day-to-day items that keep city government running efficiently and effectively;
- Continuous improvement -- improving on that daily work;
- Innovation and breakthrough -- creating and implementing those big ideas that propel us forward as a government and as a city.

The Strategic Plan contains elements of all three. I encourage citizens to review the goals and objectives -- along with the data and metrics behind them -- to learn more about how their city government is working for the betterment of Louisville, every single day.

Thank you for allowing me to serve as your Mayor.

Mayor Greg Fischer



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OUR PURPOSE AND VISION...



Louisville Metro Government is the catalyst for creating a world-class city that provides its citizens with safe and vibrant neighborhoods, great jobs, a strong system of education and innovation, and a high quality of life.

"Louisville is a city of lifelong learning and great jobs, wellness, and compassion"



OUR SCOPE OF REFERENCE:

- ✓ REFLECTIONS FROM CHIEF HAMILTON
- ✓ MAYOR'S FIVE STRATEGIC OBJECTIVES
- ✓ DEPARTMENT STRATEGIC OBJECTIVES
- ✓ CONTINUOUS IMPROVEMENT: LEARNING ALONG THE WAY





Public Safety

In 2013, Louisville Metro public service and safety agencies all got the opportunity to participate in LouieStat. They see first-hand Mayor Fischer's commitment and leadership to embrace performance management and strategic planning as a means to focus on what's important and to improve customer satisfaction with our services. Each of these agencies has increasingly demanding expectations. Meeting those challenges well requires they understand their limitations and weaknesses. While dealing with the challenges of their available budget, personnel strength, and other resources requires focus, knowing what's important to their mission and how to best use their limited time magnifies the value of their collective efforts. Recognizing what they do well is important in achieving results. Recognizing what needs improvement builds strength in problem solving and increases both employee and citizen satisfaction in the outcomes of their efforts. Sharing what is and what's not working in planning report outs, LouieStat, and enterprise model solutions give agencies more opportunity to learn from the break through work of others and accept the risk of leading innovation within their own agencies.

Doug Hamilton,
Chief of Public Safety



MAYOR'S FIVE STRATEGIC OBJECTIVES – 6YRS



These five objectives are the ultimate outcomes the Fischer Administration is working hard to achieve.

1. Deliver Excellent City Services: We strive to be the best city government in America and will use a robust measurement system to drive employee performance and track our results.

2. Solve Systemic Budget Issues: We will resolve the structural budget imbalance that limits our city and its growth. Our expenses cannot continue to outpace revenue growth.

3. Take Job Creation To The Next Level: We will create a culture of innovation that fosters the growth of 21st Century jobs, focusing on our strategic economic development strengths—lifelong wellness and aging care, value-added logistics, advanced manufacturing, and the food and beverage industry. We will champion a business-friendly entrepreneurial environment that recognizes education is the foundation for job creation. We will work with our schools, colleges and universities to deliver a 21st century workforce.

4. Invest In Our People And Neighborhoods, Advance “Quality Of Place”: We will build on Louisville’s unique and creative people and history, embracing all citizens and our growing international population, by improving public transportation, the arts, and our parks. We will ensure a safe, inclusive, clean and green city -- a city that looks toward the future by capitalizing on our diverse population, our geography, and the Ohio River.

5. Create Plans For A Vibrant Future: We will develop and begin implementation of a 25-year vision for the city, including targeted neighborhood revitalization. The vision will detail how the city will look, feel and flow in the short, mid, and long term.

DEPARTMENT STRATEGIC OBJECTIVES – 6 YEARS



The following functional objectives are high-level accomplishments that the department is focused on achieving over the next six years.

- 1. Providing quality out-of-hospital care to our community:** Provide 24 hour a day, 7 day a week pre hospital emergency medical care and transport.
- 2. Optimizing our resources to provide better service:** Utilize real-time data and analytics to optimize system function.
- 3. Investing in our providers:** Invest in professional development, education and training for LMEMS staff to create and retain highly-trained emergency responders and clinicians; seek out and implement new skills and technology to keep the department on the forefront of EMS best practices; ensure officers and preceptors receive the best in medical and leadership training.
- 4. Staying on the cutting edge of out-of-hospital care:** Implement the latest treatments and technologies in an effort to provide the most effective patient care and to be recognized as one of the most progressive, cutting-edge services in the industry.
- 5. Directing all patients to appropriate sources of care:** Develop new programs to provide the highest quality of care to patients with low-acuity medical issues in a manner that is cost-effective and that optimizes the use of emergency resources.
- 6. Improving survival outcomes:** Provide CPR training for the public and staff to improve opportunities for survival for patients in cardiac arrest.



Learning Along the Way

In January of 2013 each department, within the Metro enterprise, published its inaugural 6 year Strategic Plan, spanning Fiscal Years 2013 - 2019. In doing so, we collectively ushered Louisville Metro Government into a new era of planning and performance improvement. This new era is best described by the phrase “Continuous Improvement Journey”; a phrase that has become the watchword for Metro’s pursuit of becoming ‘World Class’ among its peer cities. As with any pursuit toward excellence, change is required, arguably needed and expected ---the kind of change that is proactive, inclusive, comprehensive and continuous.

We responded to the call by designing a new process which enables us to accurately and confidently provide real-time updates on both our progress and performance. This said, we view a department’s strategic plan as a “living and breathing” document. Hence, it will continue to evolve with time; as goals are accomplished, new assignments are made and core missions are realigned to adapt to the changing needs of the city and its citizens. But each plan will also evolve because of discoveries ---as we acquire a better understanding of our strengths and weaknesses; and yes, even as we learn from our mistakes. This past year has brought about numerous and exciting changes for our collective enterprise; we have grown departmentally and matured as an organization. We have learned a great deal about ourselves, one another and most importantly about what our citizens expect from us. This learning process has been a challenging one, but one that all departments have gone through in their pursuit of excellence. The progress report covers our strategic efforts from January 1, 2013 to November 30, 2013. What follows is the culmination of our progress and what we have learned along the way...

Enjoying the Journey,

DeVon M. Hankins

Deputy Director of Strategic Planning

Samantha M. Yung

Strategic Planning Fellow

PROGRESS AND PERFORMANCE:

- ✓ STRATEGIC PLANNING TERMS
- ✓ DEPARTMENT PROGRESS REPORT & KPIs
- ✓ MATURATION: CHANGES WE HAVE MADE



2014



STRATEGIC PLANNING TERMS

Enterprise: Includes all departments, agencies and offices under the jurisdiction of Louisville Metro Government.

SMART: Stands for **S**pecific **M**easurable **A**ctionable **R**ealistic and **T**ime-bound.

Goal: A specific outcome that a department desires to achieve. We strive to make our goals *SMART* so that we can easily, accurately and confidently report our progress against them.

Initiative: Describes the course(s) of action that the department will take in an effort to achieve a specific goal. An initiative may often run parallel to or work interdependently with other initiatives that are aligned against the same goal.

Initiative Progress: Describes the outcome of the courses of action taken and outlines what resources and/or programs the department utilized, implemented, or created to ensure the success of the actual initiative itself.

Progress (% Complete): An approximate percentage of completion for a given Initiative.

- 25% - some action steps, required for the initiative, are completed
- 50% - about half the action steps, required for the initiative, are completed
- 75% - most action steps, required for the initiative, are completed
- 100% - all action steps, required for the initiative, are completed

Health: Describes whether or not the goal or initiative is on schedule based upon the *Target Start Date* and *Actual Start Date* and the *Target End Date* and *Actual End Date*. Health is indicated by using a color-coded index; the index colors are green, yellow, and red.



Green: On Track



Yellow: Slightly Off-Track



Red: Off Track



STRATEGIC PLANNING TERMS

Target Start Date: This is the date that the goal or initiative is "planned" or intended to be started.

Actual Start Date: This is the date that the goal or initiative is actually started.

Target End Date: This is the date that the goal or initiative is "planned" or intended to be completed.

Actual End Date: This is the date that the goal or initiative is actually completed.

Key Performance Indicator (KPI): It is a measurement, preferably numerical, that reflects the level of performance that is critical to success. KPI's should be validated by their *Source* and chosen method of analysis and calculation.

Source: The data, statistics and information that is collated either internally (department and/or Metro) or externally (federal or state government agencies, or non-governmental entities such as non-profits/advocacy organizations, or private companies). The Source should inform as to where the data originated, how it was collected, who collected it and who owns it; it validates the KPI.

Baseline: A standard against which present or future performance can be compared. It is essentially the measurement that provides a basis for comparison from where you use to be to where you currently are or desire to be. A well defined *SMART* Goal should clearly define how to calculate the value of your Baseline.

Benchmark: The agreed upon value or measure recognized by industry participants as being the "best practice" in the industry or field (i.e., best in class or world). Benchmarks may be set by statute, regulation or professional standards.

PROGRESS REPORT

Description of Dept. Goal	Description of Initiatives	Status per the Department's Nov. Report-out Date:					Goal KPI and Analysis
		Describe Initiative Progress	Initiative Progress (% Complete)	Initiative Health (Color)	Goal Progress (% Complete)	Goal Health (Color)	
<p>1. Reduce work-related injuries by 5% by FY15 as compared to FY12.</p> <p>Department Objectives Met: 1, 3 Mayor's Objectives Met: 1,2</p>	Conduct an injury analysis to identify trends in injury types. Utilize EMS Safety Committee and Six Sigma process to analyze and make recommendations to reduce work-related injuries.	Identified sprains and strains as injury type with highest frequency using pareto analysis. Next steps involve using Six Sigma process to further analyze injury factors such as work activity performed, time of day, injury costs, etc.	75%		50%		<p>1) There have been 93 OSHA recordable injuries this year, compared to 100 last year, for a decrease of 7%. 2) Once injury prevention projects are fully underway, we will be seeking a decrease in the number of hours not worked due to injuries against the FY12 baseline (6,385). 3) In FY12, LMEMS provided 13 hours (4 classes) of safety training to all personnel. Our goal in FY14 will be to double the amount of safety training provided.</p>
	Incorporate training for EMS employees focusing on safety and injury prevention.	Utilize LMEMS Safety Committee members to research and propose training programs to reduce injuries. Once finalized, training content will be presented using video-based training on PowerDMS, monthly in-service training sessions and new-hire orientations.	25%				
	Investigate equipment/techniques that may reduce physical requirements of employees.	Researched and viewed in-person demo of motorized stair chair and power cot by Ferno. Gathered injury cost data from Risk Management for prior and current fiscal years in preparation of a capital project proposal to purchase equipment. ROI analysis in progress.	50%				
	Research incentive programs for employees who avoid injury over a specified period of time.	Has not started. Scheduled start date is 1/1/2014.	0%				
	Develop wellness program for LMEMS employees to improve overall health of employees.	Reviewed previous wellness proposal. Met with Concentra staff on possible wellness issues such as nutrition and wellness competitions. Developing strength and conditioning program with volunteer Graduate student from UofL. Drafting a proposal to Blue Coats organization to procure grant funding for employee wellness initiatives.	50%				
	Partner with area employers with regard to safety models in their workplace that could be adapted to LMEMS.	Met with UPS Safety Team to learn more about their safety programs.	25%				
	Develop a LMEMS Safety Committee to review injuries, vehicle accidents and other safety issues	Held initial planning meeting on 10/29/2013 to review and discuss the policy which guides the work of the committee. Committee members should be selected by 11/8/2013.	50%				

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2. Reduce employee sick leave use by 5% by FY15 as compared to FY12. Department Objectives Met: 1, 3 Mayor's Objectives Met: 1,2	Implement newly created sick leave policy.	Implemented on 11/1/2012. Since implementation, a 39% reduction in sick hours used (1440 sick hours used in October 2012 to 876 sick hours used in October 2013). There has been a 72% reduction in the number of employees classified as high sick leave consumers (44 in October 2012 to 12 in October 2013).	100%		100%		1) Currently, LMEMS personnel have missed 7,603 hours of work due to sickness in 2013. Annualized, that would come to a total of 8,689 for the year. In 2012, LMEMS employees lost 9,647 hours due to sickness, so we're currently on pace for a 5% reduction. 2) As reported in our most recent LouieStat, there were 12 LMEMS employees classified as high-sick leave consumers in October 2013 compared to 44 in October 2012, for a reduction of 73%. 3) We began measuring the number of employees who've been put on notice for sick leave abuse in mid-September 2013, at which point 24 personnel were considered sick leave abusers. Since that time, that number has decreased by 25% to 18 personnel.
	Use corrective action as defined in CBA to counsel employees found to be in violation of policy.	On-going initiative. Since implementation of the LMEMS sick leave policy, 31 employees have been disciplined for sick leave abuse.	100%				
	Communicate message to employees about the impact sick leave has on operations.	Command Staff presented LouieStat data to crews at October in-service.	100%				
3. Research and purchase replacement software for legacy system and automate manual process through technology solutions Department Objectives Met: 1, 3 Mayor's Objectives Met: 1,2	Find a technology solution that meets the operational needs of EMS.	In collaboration with MTS we are working on changes to PeopleSoft that will allow EMS to use existing discipline and complaints modules. We are working with MetroSafe to purchase additional licensing to their CommShop 360 system so EMS can automate existing supply asset and CPR training inventory processes. We have recently collaborated with MTS and ZOLL to get a demo of ZOLL's RescueNet scheduling module and obtain a quote for the software. RescueNet is an existing system used by EMS.	50%		25%		1) 60% of legacy systems still need to be replaced by end of FY14. 2)80% of manual processes need to be automated by end of FY14.
	Implement the selected technology solutions.	We have migrated the injury report legacy module to PeopleSoft. Migration has been completed from the legacy training module to the metro enterprise system, PowerDMS. Currently, 40% of the legacy systems have been migrated to other existing Metro systems. Using the Metro SharePoint tool we have developed and implemented an application for PPCN (community Paramedicine). Currently, 20% of manual processes targeted for automation have been automated.	25%				

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<p>4. Reduce unscheduled overtime hours by 5% by FY15 as compared to FY12.</p> <p>Department Objectives Met: 1, 2 Mayor's Objectives Met: 2</p>	Implement retention program to address turnover issues.	Plan includes implementing exit surveys to identify reasons employees voluntarily separate from LMEMS. Survey data will be reviewed and improvements will be implemented where possible to increase employee retention.	0%				<p>1) From Aug. 1 to Oct. 31, 2012, 59% of units (1584) went available more than 10 minutes after their shift start time. Our goal is to reduce the percentage of units going available 10 minutes after the start of their shift to 20%. For the same time period in 2013, 53% of units (1586) went available 10 minutes after the start of their shift, for a reduction of 6.32%. 2) There were 43 total vacancies at LMEMS as of November 1, 2012. As of November 1, 2013 there were 35 total vacancies, for a reduction of 18%. 3) In our last LouieStat, we reported that there has been a 29% reduction in the number of hours not worked by LMEMS personnel from October 2012 (4,772 hours) to October 2013 (3,382 hours). 4) As reported in our last LouieStat, our average hospital downtime has improved from 32 minutes in October 2012 to 25 minutes in October 2013. The percentage of units that do not clear from the hospital within 30 minutes or less has decreased from 59% in 2012 (measured from (Sept. 1-Nov. 20) to 19% for the same time period in 2013. 5) In the 12 months prior to the ratification of the new LMEMS CBA, there were 3,700 hours of OT paid at straight-time to employees. In the 12 months following the ratification, there were 15,200 hours of OT paid at straight-time to employees. We estimate that the negotiated change in overtime has netted a savings of approximately 5,800 hours' worth of salary.</p>
	Increase staffing levels by streamlining the hiring process and utilizing in-house training of EMTs to become Paramedics.	Completed. Combined initial exam steps into single test date comprehensive review of polygraph exams; reduce # of approvals that must be obtained to post/fill, and work with OMB to double-slot open positions. LMEMS has hired 15 paramedics and 64 EMTs since July 1, 2012, 74% of whom have been retained. The hiring process has been streamlined from 7 months to approximately 6 -8 weeks from application to start date. Paramedic class of 10 completed Spring 2013. Paramedic class of 10 underway with expected completion of February 2014.	100%				
	Implement new sick leave policy.	Completed. See Goal #2 for details.	100%		75%		
	Work with LMG to allow an established a fee schedule to be applied to all special details to recoup funds for overtime hours used.	Completed.	100%				
	Adjust number of employees off per day on vacation to account for months with high sick time usage and IOD based on historical data.	We have worked with the Teamsters to limit the number of employees allowed to be off on vacation per shift. However, since vacations are bid in January, we will not have the ability to do any more schedule adjustments until 2014. We have currently limited the number of employees eligible to take leave per shift. This spreads out the number of personnel off duty throughout the day instead of leaving particular shifts heavy on OT. We've also restricted an employee's ability to carry over previously-approved vacation requests when changing their shift start time so as not to disrupt previously-bid vacation time for that shift.	50%				

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4. Reduce unscheduled overtime hours by 5% by FY15 as compared to FY12. Department Objectives Met: 1, 2 Mayor's Objectives Met: 2	Improve hospital downtimes, resulting in more resource availability to respond to calls for service.	Implemented solutions derived from Six Sigma Green Belt project -- plan to validate results by end of December 2013. Goal was set as 10% or less of transports to clear hospital greater than 30 minutes. Average downtimes have improved from 32 minutes (October 2012) to 25 minutes (October 2013). From 10/27/2013-11/2/2013, approximately 88% of transports cleared the hospital within 30 minutes compared to 40% the same week last year. Improvements include improved monitoring, policy clarification and discipline for long downtimes without legitimate reasons.	75%		75%		1) From Aug. 1 to Oct. 31, 2012, 59% of units (1584) went available more than 10 minutes after their shift start time. Our goal is to reduce the percentage of units going available 10 minutes after the start of their shift to 20%. For the same time period in 2013, 53% of units (1586) went available 10 minutes after the start of their shift, for a reduction of 6.32%. 2) There were 43 total vacancies at LMEMS as of November 1, 2012. As of November 1, 2013 there were 35 total vacancies, for a reduction of 18%. 3) In our last LouieStat, we reported that there has been a 29% reduction in the number of hours not worked by LMEMS personnel from October 2012 (4,772 hours) to October 2013 (3,382 hours). 4) As reported in our last LouieStat, our average hospital downtime has improved from 32 minutes in October 2012 to 25 minutes in October 2013. The percentage of units that do not clear from the hospital within 30 minutes or less has decreased from 59% in 2012 (measured from Sept. 1-Nov. 20) to 19% for the same time period in 2013. 5) In the 12 months prior to the ratification of the new LMEMS CBA, there were 3,700 hours of OT paid at straight-time to employees. In the 12 months following the ratification, there were 15,200 hours of OT paid at straight-time to employees. We estimate that the negotiated change in overtime has netted a savings of approximately 5,800 hours' worth of salary.
	Continue close monitoring and management of late runs	All crews have been instructed to contact their operations officer to inform them if they're on a late run. These officers also monitor run volume at each shift change and juggle resources to allow units on OT to secure whenever possible. This is an ongoing process; we're seeking a better monitoring process.	75%				
	In conjunction with LMG OSHA department and the data gathered in relation to work related injuries and illness, establish specific training programs to address these issues with the intent to reduce work related injuries and lost time incidents which cause overtime.	See Goal #1 for more details.	25%				

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<p>5. Purchase and implement inventory distribution system by the end of FY 13-14.</p> <p>Department Objectives Met: 2 Mayor's Objectives Met: 1,2</p>	Invest in medication/equipment dispensers to ensure resources are being used appropriately and to drive timely reorders.	Requested funding for purchase of dispensers in FY14 budget, however it was not approved. Current contracts are being evaluated to determine if cost savings can be achieved in order to acquire the distribution system this fiscal year. In the event that this proves financially impossible, a request will be submitted for budget enhancement in FY15. The RFP process has been initiated for the dispensers.	0%				1) With purchase and installation of the dispensers, we will attempt to reduce normalized supply expenses for those items included in the dispensers by 10% as compared to the same quarter of the previous fiscal year as reported in LEAP. Compared to a baseline of \$878,090 in FY13, this will equate to a total quarterly savings of \$43,900.
<p>6. Establish an ongoing, in-house paramedic training program in FY13.</p> <p>Department Objectives Met: 3,4 Mayor's Objectives Met: 1,3</p>	Secure funding to continue the internal paramedic training program to afford opportunity for our currently employed emergency medical technicians an opportunity to advance.	Completed for this budget year; all future budget years pending. Next fiscal year planning is in process to continue funding for the next paramedic class.	100%		100%		1) The 2013 paramedic class enrolled and graduated 12 students; 10 of those students were LMEMS employees and all are currently employed as paramedics with LMEMS. The 2014 class is made up of 10 LMEMS employees who will graduate this spring.
	Work with OMB and HR to allow EMTs chosen for the program to be temporarily assigned to a paramedic vacancy so the EMT vacancy can be occupied to lessen the impact to service delivery. This will allow us to improve service delivery with minimal impact to the system.	Completed.	100%				

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<p>7. Establish a professional development program for all current supervisors by FY14.</p> <p>Department Objectives Met: 3 Mayor's Objectives Met: 3</p>	All Operations leadership will attend the LMG SEAD training by the end of FY14.	LMEMS Operations Officers began attending SEAD training in 2013. Two officers have currently completed the training and others are being scheduled as training courses come available.	25%	Green	25%	Yellow	<p>1) In 2012, no operations officers had completed SEAD training. In 2013, 2 officers have completed SEAD training. This is a decrease in number of operations officers who have not completed SEAD training by 17%. 2) We have not previously offered a leadership training program to new operations officers. Our goal will be for all operations officers to receive this training within a year of their promotion date starting after January 1, 2014.</p>
	Work with LMG training and education department to assist with specific needs of our department.	Prior to the end of this FY we will add quarterly leadership/management training into our agenda for regular operations officers meetings with the assistance of LMG training department.	0%	Yellow			
	Look to outside resources for leadership and management training.	We have not currently researched outside leadership training resources.	0%	Red			
	Establish an operations officer training program that must be completed within a year of being promoted.	Each new operations officer must complete an orientation program once promoted. This program was developed and implemented within the last FY. This program includes a didactic phase, preception phase and evaluation.	100%	Green			
	Establish a minimum leadership/management training prerequisite for up and coming officers.	Within the fiscal year we will develop and implement an EMS officers leadership program. This initiative has not been started yet but is targeted to start in the first quarter of 2014.	0%	Yellow			

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8. Improve patient care throughout the community by developing and implementing evidence-based medical protocols along with an on-going QA monitoring program by the end of FY14 Department Objectives Met: 3,4 Mayor's Objectives Met: 4	Develop a set of protocols consisting of the highest quality, evidence based, and nationally accepted pre-hospital medical care guidelines.	New medical protocols were released in May 2013.	100%		75%		1) At this time, we have not achieved any of the four milestones in the implementation of FirstPass software that we plan to achieve by end of FY14. 2) Starting in May 2013, we began protocol reviews of all cases that involved six selected protocols. That has resulted in 1,160 total reviews to date, or an average of approximately 165 reviews per month. Our goal is to maintain at least 165 protocol case reviews per month.
	Expand the scope of practice for the Emergency Medical Technician through state approved Pilot Projects to specifically improve cardiac arrest outcomes.	The state regulatory board has now approved 12-lead EKGs for EMTs statewide. We are waiting for KBEMS to approve regulations including 12-lead EKGs into the EMT scope of practice.	75%				
	Allow EMTs and paramedics to operate more effectively by having more standing orders and adding specific quality assurance triggers.	All protocol and FirstWatch QA triggers went live in May. Implementation of the FirstPass protocol compliance monitoring system is in progress.	75%				
	Establish a training schedule and outline to roll out protocols to staff.	Training has been completed.	100%				
	Budget, purchase and implement protocol monitoring software to ensure protocol compliance.	Funding was requested for FY14 but not approved, currently seeking secondary method for purchase. In the interim, we are conducting our own protocol monitoring by hand.	50%				
9. Create more opportunities for employees and the public to become certified EMTs and paramedics. Department Objectives Met: 1, 3 Mayor's Objectives Met: 1,3	Continue to hold paramedic classes for current Metro EMS EMTs who wish to advance in their career.	Paramedic class of 10 completed Spring 2013, and all students have received their licenses. Paramedic class of 10 underway with expected completion of March 2014.	100%		50%		1) Four employees with a military background were hired prior to the initiation of our outreach efforts in August, 2013. Since then, only 2 applicants with military backgrounds have been hired. 2) To date, LMEMS has participated in 3 recruitment events in FY14 as compared to 3 recruitment events for all of FY13.
	Partner with outside organizations (e.g., Kentuckiana Works) to utilize federal workforce development funds to increase the number of certified EMTs and paramedics.	We have met with KentuckianaWorks and developed tentative plans for a free EMT training class open to the public to be held at the NIA Center in February. Additional partnerships need to be pursued.	25%				
	Investigate a relationship with the military to offer EMT and paramedic training to exiting service members who have GI Bill funding available.	Several military contacts have been made for recruitment channels. EMS registered on H2H.jobs website. Military Recruitment poster and webpage created. No work towards GI Bill funding completed. Ran into problem of newly hired military members still serving as Reserve/Guard deployed for long-term assignments creating additional overtime.	50%				

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<p>10. Triage 30% of low severity calls out of the 911 EMS system over the next 3 years and 50% of low severity calls within 5 years; create an EMS system that is an integrated part of community health care delivery by FY19.*</p> <p>Department Objectives Met: 5 Mayor's Objectives Met: 1,5</p>	Expand nurse triage program.	Added second nurse in FY13, possibility for third in FY14. Expanded hours and added weekend availability. Added new PSIAM-eligible ProQA codes and are continuing to research additional codes that may be added in order to expand call volume. Beginning a regular meeting with MetroSafe personnel to analyze missed calls that don't get transferred to the nurse.	75%		75%		1) In 2013, we've triaged 2,110 (18.5%) PSIAM-eligible calls out of the 911 system, from an estimated 11,407 total PSIAM-eligible calls. The goal for 2013 is 20%.
	Expand non-Metro transportation; establish patient care navigators for non-emergent needs, link non-emergent patients to primary care physicians and urgent care centers.	Added Yellow Cab and Rural Metro Ambulance service to current list of transportation providers. Meeting with new medical transport group to develop partnership. Also added Paramedic Patient Care Navigators to nurse triage provider list, which requires no patient transport. Continuing to pursue Metro-owned stretcher van for non-medical transport. Established daily nurse practitioner visits at two low-income senior housing facilities in July. Will establish in-house nurse practitioner clinic at Wayside upon Metro Council approval of contract with clinic Partner, Spalding University.	75%				
	Pursue national funding opportunities.	Participated in the preparation of a CMS Innovations grant with Kentucky One this summer.	25%				

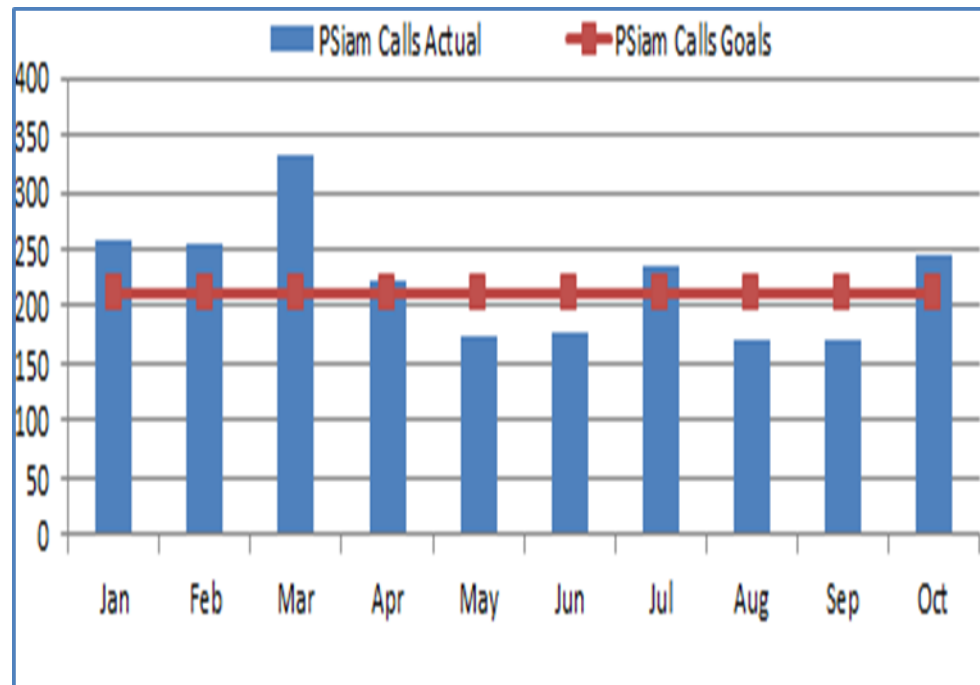
PROGRESS REPORT

Description of Dept. Goal	Description of Initiatives	Status per the Department's Nov. Report-out Date:					Goal KPI and Analysis
		Describe Initiative Progress	Initiative Progress (% Complete)	Initiative Health (Color)	Goal Progress (% Complete)	Goal Health (Color)	
<p>11. Realign resources and retrofit LMEMS to meet entire spectrum of patient needs by FY15.</p> <p>Department Objectives Met: 4,5 Mayor's Objectives Met: 1,2,5</p>	Establish Paramedic Patient Care Navigation program.	Pilot projects for both the PSIAM follow-up program and the recidivist program started in October. The third phase of the program —CHF readmission avoidance— is currently under development. We have met with Kentucky One Cardiology and are ready to move forward with procedure and protocol development.	25%		25%		<p>1) Of 23 patients seen by PPCNs during the pilot phase of our project, 19 were either treated in-home or got alternative (non-LMEMS) transport to a medical facility for an 83% diversion success rate. Our goal is to maintain a 70% diversion rate. 2)After the pilot project has been in operation for 6 months, we will compare the number of 911 emergency medical calls made by patients enrolled in the program to the number of calls they made in the 6 months prior to the project's launch.</p>
	Integrate community health workers into the 911 system.	Currently re-evaluating this initiative.	0%				
	Create partnerships with public/private entities to provide primary (NP) care.	We have developed a partnership with MD2U that allows us to roll PPCN patients into their patient cohort for continuing management. We developed criteria to identify and select high system users for our recidivist program, and we have begun home visits to these patients to enroll them in our program. We have established a CHF readmission avoidance partnership with Kentucky One and the Visiting Nurse Association -- CHF patients will be referred to LMEMS for out-of-hospital management. We are meeting with JenCare as well to discuss a partnership to provide primary care for CHF patients referred through the avoidance program.	25%				
	Create partnerships with social work/behavioral health providers.	We have partnerships with Seven Counties Services and Our Lady of Peace through the PSIAM program, but we have not yet begun expanding those partnerships beyond nurse triage of 911 calls.	0%				
	Continue to expand PSIAM program.	As noted above, added second nurse in FY13, possibility for third in FY14. Expanded hours and added weekend availability. Added new PSIAM-eligible ProQA codes and are continuing to research additional codes that may be added in order to expand call volume. Beginning a regular meeting with MetroSafe personnel to analyze missed calls that don't get transferred to the nurse.	75%				
	Investigate revenue sharing partnerships with local hospitals to incentive seamless continuity of care.	This initiative will begin in earnest once we are able to extract data from the PPCN project that indicates its value to participating medical partners.	0%				

GOAL KEY PERFORMANCE INDICATORS - KPIs

Goal #10: Triage 30% of low severity calls out of the 911 EMS system over the next 3 years and 50% of low severity calls within 5 years; create an EMS system that is an integrated part of community health care delivery by FY19.

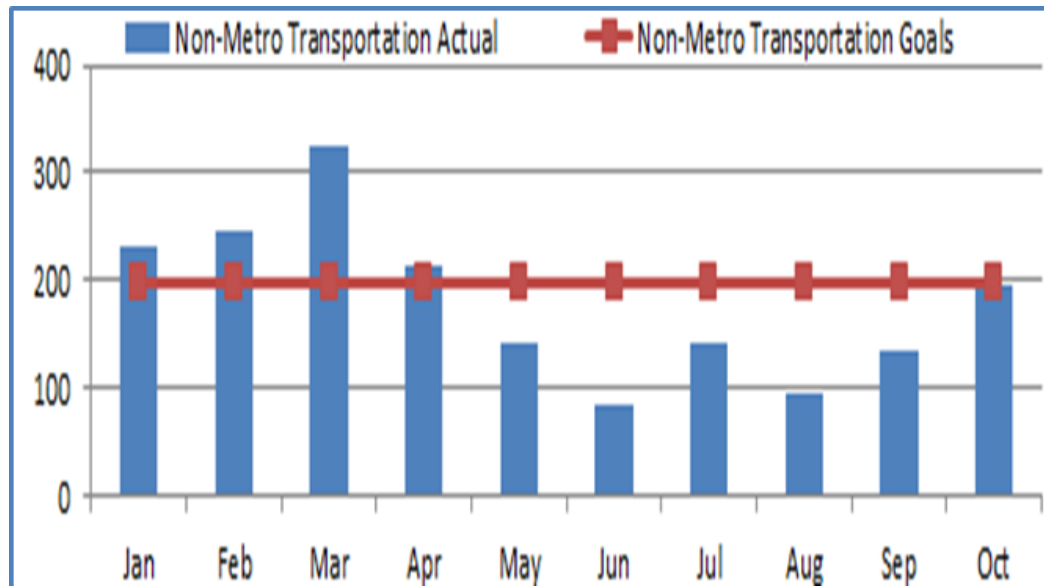
Number of eligible, non-emergent calls triaged by the nurse in the 911 call center



GOAL KEY PERFORMANCE INDICATORS - KPIs

Goal #10: Triage 30% of low severity calls out of the 911 EMS system over the next 3 years and 50% of low severity calls within 5 years; create an EMS system that is an integrated part of community health care delivery by FY19.

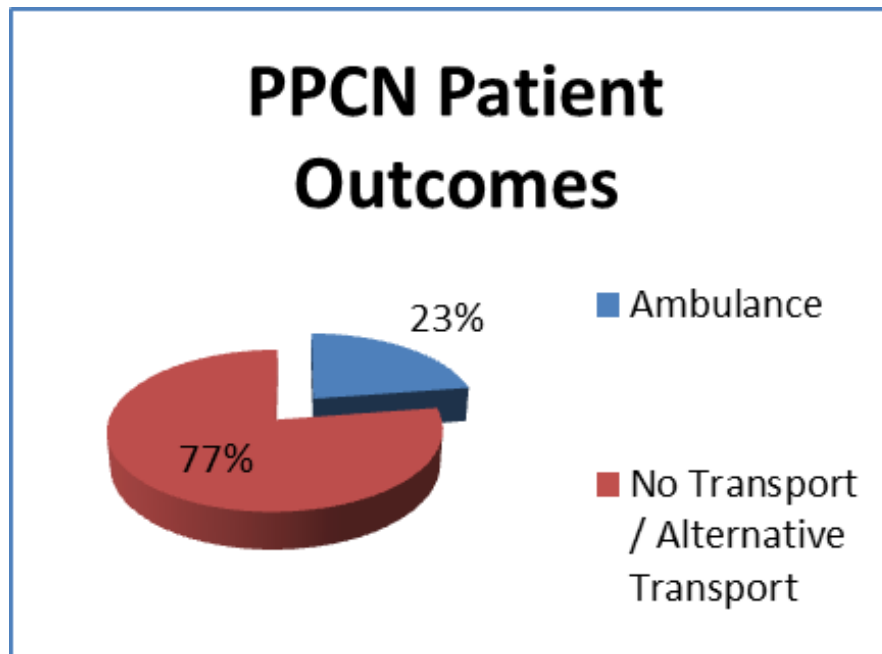
Number of patients with non-emergent medical issues transported to alternative care by some means other than a LMEMS ambulance



GOAL KEY PERFORMANCE INDICATORS - KPIs

Goal #10: Triage 30% of low severity calls out of the 911 EMS system over the next 3 years and 50% of low severity calls within 5 years; create an EMS system that is an integrated part of community health care delivery by FY19.

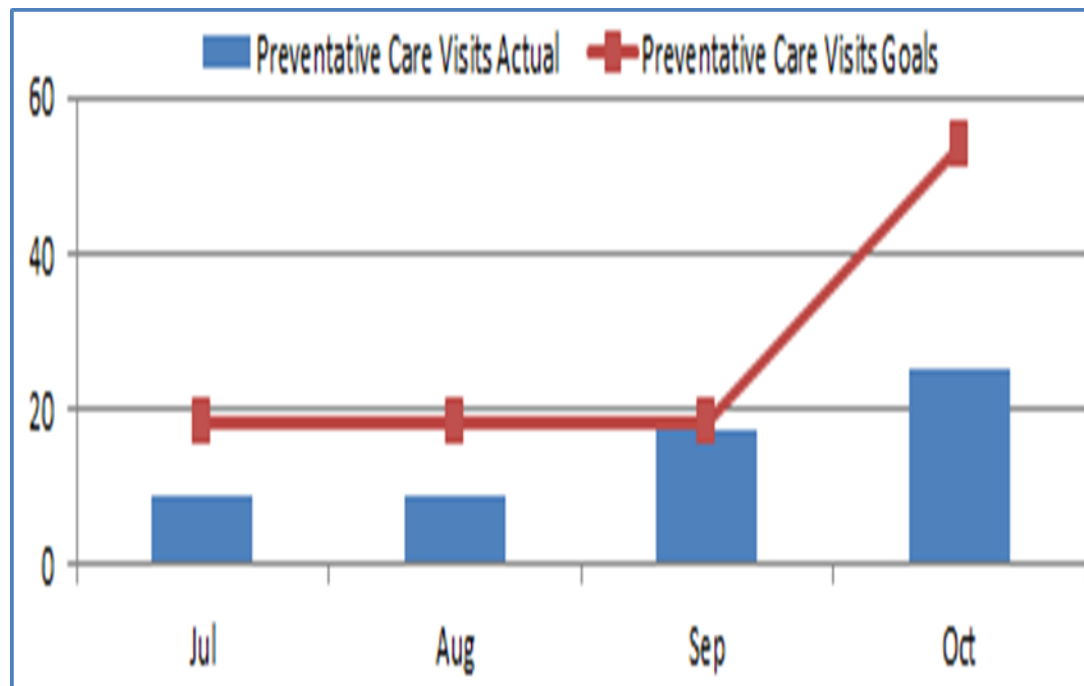
Percentage of 911 callers visited by LMEMS Paramedic Patient Care Navigators that did not require emergency care or transport



GOAL KEY PERFORMANCE INDICATORS - KPIs

Goal #10: Triage 30% of low severity calls out of the 911 EMS system over the next 3 years and 50% of low severity calls within 5 years; create an EMS system that is an integrated part of community health care delivery by FY19.

Number of potential 911 patients receiving primary/preventative care through nurse practitioner pilot project



STRATEGIC PLAN CHANGES

This is LMG's Change Management Form for Strategic Planning; the intent of the form is two-fold: 1. To provide a mechanism for departments to be transparent with citizens regarding its maturation process through the Continuous Improvement Journey; and 2. To catalog its efforts of responding to the voice of their customer in "real time".

OLD Dept. Goal #	Description of Dept. Goal	Reason the goal was edited or deleted.	Date Changed/Added
3	Implement new web-based Personnel Management System by FY 13-14.	We experienced contract issues with the intended vendor that could not be resolved. We also determined that there may be additional modules that needed to be replaced/other manual processes that needed to be automated, so the project grew beyond a personnel management system.	October 16, 2013
NEW Dept. Goal #	Description of Dept. Goal	Reason the goal was edited or deleted.	Date Changed/Added
3	Research and purchase replacement software for legacy system and automate manual process through technology solutions	We need to review what options are available within Metro or on the market that will address the full spectrum of our newly-identified needs, and we will have to determine a funding source to purchase and implement those solutions.	October 16, 2013
OLD Dept. Goal #	Description of Dept. Goal	Reason the goal was edited or deleted.	Date Changed/Added
4	Reduce overtime hours by 5% by FY15.	LMEMS employees earn both unscheduled and scheduled overtime. Scheduled overtime is created as a function of our 12-hour shift schedule (36 hours on-duty in one week; 48 hours on-duty the next) and cannot be reduced or eliminated.	October 31, 2013
NEW Dept. Goal #	Description of Dept. Goal	Reason the goal was edited or deleted.	Date Changed/Added
4	Reduce unscheduled overtime hours by 5% by FY15 as compared to FY12.	Unlike scheduled overtime, unscheduled overtime fluctuates based on a number of factors that we can directly affect. Also added baseline.	October 31, 2013
OLD Dept. Goal #	Description of Dept. Goal	Reason the goal was edited or deleted.	Date Changed/Added
8	Develop and implement an updated and enhanced version of medical protocols by the end of FY 12-13.	Our initiatives pointed to a larger goal than was previously described; this portion was completed on deadline, but there are associated initiatives that require a longer timetable and were not adequately represented in the goal.	November 1, 2013
NEW Dept. Goal #	Description of Dept. Goal	Reason the goal was edited or deleted.	Date Changed/Added
8	Develop and implement an updated and enhanced version of medical protocols by the end of FY13 and implement protocol compliance and monitoring program by end of FY14.	The goal needed to be expanded to include additional related initiatives.	November 1, 2013

STRATEGIC PLAN CHANGES

This is LMG's Change Management Form for Strategic Planning; the intent of the form is two-fold: 1. To provide a mechanism for departments to be transparent with citizens regarding its maturation process through the Continuous Improvement journey; and 2. To catalog its efforts of responding to the voice of their customer in "real time".

OLD Dept. Goal #	Description of Dept. Goal	Reason the goal was edited or deleted.	Date Changed/Added
Long-term 4	Triage 30% of low severity calls out of the 911 EMS system over the next 3 years and 50% of low severity calls within 5 years; create an EMS system that is an integrated part of community health care delivery by FY19.*	Instructed to add Metro goal to list.	November 21, 2013
NEW Dept. Goal #	Description of Dept. Goal	Reason the goal was edited or deleted.	Date Changed/Added
10	Triage 30% of low severity calls out of the 911 EMS system over the next 3 years and 50% of low severity calls within 5 years; create an EMS system that is an integrated part of community health care delivery by FY19.*	Instructed to add Metro goal to list.	November 21, 2013
OLD Dept. Goal #	Description of Dept. Goal	Reason the goal was edited or deleted.	Date Changed/Added
Long-term 5	Realign resources and retrofit LMEMS to meet entire spectrum of patient needs by FY15.	Instructed to add active long-term goal to list.	November 21, 2013
NEW Dept. Goal #	Description of Dept. Goal	Reason the goal was edited or deleted.	Date Changed/Added
11	Realign resources and retrofit LMEMS to meet entire spectrum of patient needs by FY15.	Instructed to add active long-term goal to list.	November 21, 2013

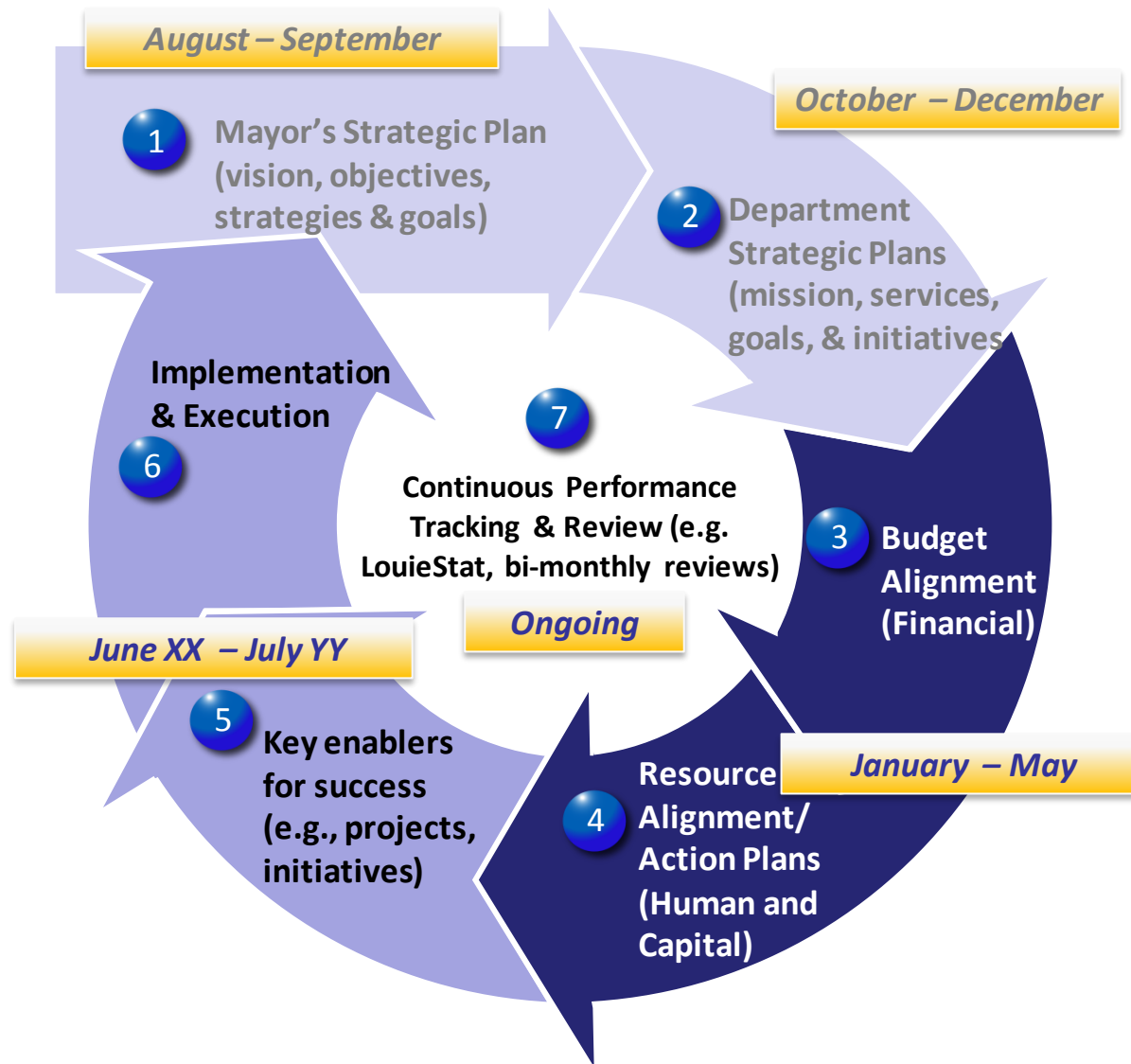
ENTERPRISE GOVERNANCE DOCUMENTS:

- ✓ METRO PLANNING CYCLE
- ✓ METRO PLANNING CALENDAR



2014

LOUISVILLE METRO PLANNING CYCLE



The Louisville Metro Planning Cycle, provides guidance to departments on syncing strategy development with planning milestones, scheduling project timelines, forecasting resource needs and setting execution dates.

LOUISVILLE METRO PLANNING CALENDAR

May	June	July	August	Sept.	Oct.	Nov.	Dec.	Jan	Feb	March	April
	Final Budget Released	Start of New Fiscal Year						Mayor Releases Strategic Plan			
Louisville Metro Current State Internal Assessment (Progress toward goals)			Louisville Metro Senior Leadership Planning Retreat	Refine Louisville Strategic Plan	Share Updated Plan with Departments				Mayor and Senior Staff review and reconcile with Mayor’s priorities and work with Departments and OMB to finalize budget proposal by May 1		
Louisville Metro External Assessment (e.g., Macro Trends, Benchmarks, Best practice)					Refine Department 6 Year Strategic Plans			Departments Finalize Strategic Plans & Develop 1 year Budgetary and Action Plans		Departments finalize 1 year Budgetary and Action Plans	
	Departments report Strategic Plan progress to Directors	Directors report Strategic Plan progress to Chiefs	Chiefs report Strategic Plan progress to Mayor	Departments conduct their own internal and external assessments		Directors report Strategic Plan progress to Chiefs	Chiefs report Strategic Plan progress to Mayor	Mayor reports Strategic Plan progress to Citizens	Departments report Strategic Plan progress to Directors	Directors report Strategic Plan progress to Chiefs	Chiefs report Strategic Plan progress to Mayor
Implementation, Tracking and Execution of Strategic Plans (ongoing)											

Mayor's Office

Departments

Mayor's Office & Dept. Directors

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal black lines across the entire width of the page, providing a guide for writing. The background is a solid off-white color. There are no margins, text, or other markings present.

2014

Our Continuous Improvement Journey...



Mayor Greg Fischer

~ “My dream for Louisville is to create a clean, green, safe and inclusive city where people love to live and work...”